

<i>SERFF Tracking Number:</i>	<i>CORN-125933535</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Cypress Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CA-010709-BHHC-F1</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Companies: Cypress Insurance Company, Cornhusker Casualty Company

Product Name: Commercial Auto

SERFF Tr Num: CORN-125933535 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: #? \$50

Sub-TOI: 20.0002 Garage

Co Tr Num: AR-CA-010709-BHHC- State Status: Fees verified
F1

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Diane Pokorny

Disposition Date: 12/05/2008

Date Submitted: 12/05/2008

Disposition Status: Approved

Effective Date Requested (New): 01/07/2009

Effective Date (New): 01/07/2009

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/05/2008

State Status Changed: 12/05/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dealers' Open Lot - Vehicle Age Exclusion (CAM 6173 11 08)

The above form is optional and has no rate impact as the insured values for any vehicles older than the given model year would be excluded from premium calculation. It modifies insurance provided under the Garage Coverage Form.

Company and Contact

SERFF Tracking Number:	CORN-125933535	State:	Arkansas
First Filing Company:	Cypress Insurance Company, ...	State Tracking Number:	#? \$50
Company Tracking Number:	AR-CA-010709-BHHC-F1		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0002 Garage
Product Name:	Commercial Auto		
Project Name/Number:	/		

Filing Contact Information

Diane Pokorny, Regulatory Analyst	dpokorny@bh-hc.com
9290 W Dodge Road	(402) 399-3118 [Phone]
Omaha, NE 68114	

Filing Company Information

Cypress Insurance Company	CoCode: 10855	State of Domicile: California
1725 Windward Concourse	Group Code: 31	Company Type: P & C
Suite 200		
Alpharetta, GA 30005	Group Name: BHHC	State ID Number:
(678) 366-1292 ext. [Phone]	FEIN Number: 95-6042929	

Cornhusker Casualty Company	CoCode: 20044	State of Domicile: Nebraska
9290 W Dodge Rpad	Group Code: 31	Company Type: P & C
Suite 300		
Omaha, NE 68114	Group Name: BHHC	State ID Number:
(402) 393-7255 ext. [Phone]	FEIN Number: 47-0529945	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Cornhusker Casualty Company \$50.00

	Total	\$50.00
Per Company:	No	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000201997	\$50.00	12/04/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/05/2008	12/05/2008

SERFF Tracking Number:	CORN-125933535	State:	Arkansas
First Filing Company:	Cypress Insurance Company, ...	State Tracking Number:	#? \$50
Company Tracking Number:	AR-CA-010709-BHHC-F1		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0002 Garage
Product Name:	Commercial Auto		
Project Name/Number:	/		

Disposition

Disposition Date: 12/05/2008

Effective Date (New): 01/07/2009

Effective Date (Renewal):

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>CORN-125933535</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Cypress Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CA-010709-BHHC-F1</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory memo	Approved	Yes
Form	Dealers' Open Lot - Vehicle Age Exclusion	Approved	Yes

SERFF Tracking Number:	CORN-125933535	State:	Arkansas
First Filing Company:	Cypress Insurance Company, ...	State Tracking Number:	#? \$50
Company Tracking Number:	AR-CA-010709-BHHC-F1		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0002 Garage
Product Name:	Commercial Auto		
Project Name/Number:	/		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dealers' Open Lot - Vehicle Age Exclusion	CAM 61731108		Endorsement/Amendment/Conditions			CAM 61731108 - Dealers Open Lot - Vehicle Age Exclusion.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

Dealers' Open Lot – Vehicle Age Exclusion

This endorsement modifies coverage provided by the:

GARAGE COVERAGE FORM

The following excluded types of loss are added to SECTION IV - PHYSICAL DAMAGE COVERAGE, Part B.2, by amending the section and adding the following:

- g. Any "auto" with a model date prior to the year _____. However, this exclusion does not apply to any "auto" that is a specifically described "auto" on the policy under Symbol 27.

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<i>First Filing Company:</i>	<i>Cypress Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CA-010709-BHHC-F1</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0002 Garage</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	CORN-125933535	State:	Arkansas
First Filing Company:	Cypress Insurance Company, ...	State Tracking Number:	#? \$50
Company Tracking Number:	AR-CA-010709-BHHC-F1		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0002 Garage
Product Name:	Commercial Auto		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/05/2008
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Comments:

Attachments:

2007 Form Schedule - Auto.pdf
2007 P & C Transmittal - Auto.pdf

Satisfied -Name:	Explanatory memo	Review Status:	Approved	12/05/2008
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Comments:

Attachment:

EXPLANATORY MEMORANDUM COMM AUTO.pdf

Effective March 1, 2007

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR-CA-010709-BHHC-F1			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Dealers' Open Lot - Vehicle Age Exclusion	CAM 6173 1108	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	Berkshire Hathaway Homestate Companies	0031

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Cornhusker Casualty Company	NE	20044	47-0529945	
	Cypress Insurance Company	CA	10855	95-6042929	

5. Company Tracking Number	AR-CA-010709-BHHC-F1
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Diane Pokorny 9290 W. Dodge Road Ste. 300 Omaha, NE 68114	Regulatory Analyst	800-488-2930	402-393-7619	dpokorny@bh-hc.com

7.	Signature of authorized filer
8.	Please print name of authorized filer Diane M. Pokorny

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	20.0
10.	Sub-Type of Insurance (Sub-TOI)	20.0002
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Commercial Auto
13.	Filing Type CA	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 01/07/2009 Renewal:

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	12/5/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	AR-CA-010709-BHHC-F1
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Dealers' Open Lot - Vehicle Age Exclusion (CAM 6173 11 08)

The above form is optional and has no rate impact as the insured values for any vehicles older than the given model year would be excluded from premium calculation. It modifies insurance provided under the Garage Coverage Form.

22.	<p>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</p>
<p>Check #: 0000201997 Amount: 50.00</p>	
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

EXPLANATORY MEMORANDUM
(AR-CA-010709-BHHC-F1)

Cornhusker Casualty Company and Cypress Insurance Company hereby propose to file an optional endorsement for Commercial Auto coverages in Arkansas. This filing represents an independent program of the companies.

Effective Date

We hereby propose the following effective date rule:

“The endorsement applies to policies effective on or after January 7, 2009.”

If we do not receive approval by January 7, 2009, an amended effective date will be selected upon approval.

Dealers' Open Lot - Vehicle Age Exclusion (CAM 6173 11 08)

The above form is optional and has no rate impact as the insured values for any vehicles older than the given model year would be excluded from premium calculation. It modifies insurance provided under the Garage Coverage Form.

Person to Contact

If there are questions about this filing or any of its attachments, please call Diane Pokorny at (800) 488-2930.